

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

10/018073  
APPLICANT(S)

7/27/4 CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2		1		1		1
3		2		2		1
4		2		2		1
5		2		2		1
6		2		2		1
7		2		2		1
8		2		2		1
9		2		2		1
10		2		2		1
11		2		2		1
12		2		2		1
13		2		2		1
14		2		2		1
15		2		2		1
16		2		2		1
17		2		2		1
18		2		2		1
19		2		2		1
20		2		2		1
21		2		2		1
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26		2		2		1
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28		2		2		1
29		2		2		1
30		2		2		1
31		2		2		1
32		2		2		1
33		2		2		1
34		2		2		1
35		2		2		1
36		2		2		1
37		2		2		1
38		2		2		1
39		2		2		1
40		2		2		1
41		2		2		1
42		2		2		1
43		2		2		1
44		2		2		1
45		2		2		1
46		2		2		1
47		2		2		1
48		2		2		1
49		2		2		1
50		2		2		1
TOTAL IND.					15	
TOTAL DEP.						16

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						